

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2013 JAN 24 AM 10:54

Office Use Only

FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Growpac

ADDRESS (number and street)

645 Madison Avenue

5th Floor

New York

NY

10024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00490292

3. IS THIS  
REPORT

☒

NEW  
(N)

OR

☐

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☒ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2)
- ☐ May 20 (M5)
- ☐ Aug 20 (M8)
- ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3)
- ☐ Jun 20 (M6)
- ☐ Sep 20 (M9)
- ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4)
- ☐ Jul 20 (M7)
- ☐ Oct 20 (M10)
- ☐ Jan 31 (YE)

(c)

12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P)
- ☐ General (12G)
- ☐ Runoff (12R)
- ☐ Convention (12C)
- ☐ Special (12S)

Election on

In the  
State of

(d)

30-Day  
POST-Election  
Report for the:

- ☐ General (30G)
- ☒ Runoff (30R)
- ☐ Special (30S)

Election on

In the  
State of

5. Covering Period

12 01 2012

through

01 15 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Danica Malpass

Signature of Treasurer

*Danica Malpass*

Date

01 15 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Grw fac**

Report Covering the Period:

From:

**12 01 2012**

To:

**01 15 2013**

**COLUMN A  
This Period**

**COLUMN B  
1/1/12 Calendar Year to-Date**

6. (a) Cash on Hand January 1, <b>2012</b>	<b>321.85</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>4337.85</b>
(c) Total Receipts (from Line 19) .....	<b>- 0 -</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>5200.00</b>
7. Total Disbursements (from Line 31).....	<b>4337.85</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>38.00</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<b>1222.00</b>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<b>4299.85</b>
	<b>3970.11</b>

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Gran Pac

Report Covering the Period: From:

12 01 2012

To:

01 15 2013

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
11/12 Calendar Year to Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other  
Than Political Committees  
(i) Itemized (use Schedule A).....

-0-

552185

(ii) Unitemized .....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

-0-

552185

(b) Political Party Committees .....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

-0-

552185

12. Transfers From Affiliated/Other  
Party Committees .....

13. All Loans Received .....

14. Loan Repayments Received .....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees .....

17. Other Federal Receipts  
(Dividends, Interest, etc.) .....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3) .....

(b) Levin Funds (from Schedule H5) .....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

-0-

552185

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B 11/12 Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	38 00	122200
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....	38 00	122200
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	38 00	122200
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year to Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) ..... ▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) ..... ▶

- 0 -
38.00
38.00

1222.00
1222.00

13031020064

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:			PAGE	OF
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Grow Pac*

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

*None*  
*C*

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Growthpac

Full Name (Last, First, Middle Initial)

A. **Citibank** Date of Disbursement

Mailing Address

1155 Avenue of the Americas

City

New York

State

Ny

Zip Code

10036

Purpose of Disbursement

Bank Service Charge

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

19.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **Citibank** Date of Disbursement

Mailing Address

1155 Avenue of the Americas

City

New York, Ny

State

Ny

Zip Code

10036

Purpose of Disbursement

Bank Services Charge

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

19.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

38.00

38.00

13031020066

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 7 OF 4

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

Grow Pac

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cde Robert / In the field Consulting

Nature of Debt (Purpose):

Voter contact:  
Chris Collins  
for Congress

Mailing Address

1520 Myron Street

City

State

Niskayuna, NY

Zip Code

12309

Outstanding Balance Beginning This Period

540.20

Amount Incurred This Period

540.20

Payment This Period

—

Outstanding Balance at Close of This Period

540.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cde Robert / In the field Consulting

Nature of Debt (Purpose):

Voter contact:  
Ann Marie Burke  
for Congress

Mailing Address

1520 Myron Street

City

State

Niskayuna NY

Zip Code

12309

Outstanding Balance Beginning This Period

284.85

Amount Incurred This Period

284.85

Payment This Period

—

Outstanding Balance at Close of This Period

284.85

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cde Robert / In the field Consulting

Nature of Debt (Purpose):

Voter Contact:  
Tom Reed for  
Congress

Mailing Address

1520 Myron Street

City

State

Niskayuna NY

Zip Code

12309

Outstanding Balance Beginning This Period

379.60

Amount Incurred This Period

379.60

Payment This Period

—

Outstanding Balance at Close of This Period

379.60

1) SUBTOTALS This Period This Page (optional).....▶

2) TOTALS This Period (last page this line number only).....▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

1,204.65

3970.11



**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
 schedule(s)  
 for each  
 numbered line)

PAGE 2 OF 4

FOR LINE NUMBER:  
 (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

Growth

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cole Robert, In The field Consulting

Nature of Debt (Purpose):

voter contact:  
 Maggie Brooks for  
 Congress

Mailing Address

1520 Myron Street

City

State

Zip Code

Niskayuna, Ny 12309

Outstanding Balance Beginning This Period

739.95

Amount Incurred This Period

739.95

Payment This Period

—

Outstanding Balance at Close of This Period

739.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cole Robert, In The field Consulting

Nature of Debt (Purpose):

Voter Contact:  
 Michael Grimm  
 for Congress

Mailing Address

1520 Myron Street

City

State

Zip Code

Niskayuna, Ny 12309

Outstanding Balance Beginning This Period

196.75

Amount Incurred This Period

196.75

Payment This Period

—

Outstanding Balance at Close of This Period

196.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cole Robert / In The field Consulting

Nature of Debt (Purpose):

Voter Contact:  
 Stephen Labate  
 for Congress

Mailing Address

1520 Myron Street

City

State

Zip Code

Niskayuna Ny 12309

Outstanding Balance Beginning This Period

117.85

Amount Incurred This Period

117.85

Payment This Period

—

Outstanding Balance at Close of This Period

117.85

1) SUBTOTALS This Period This Page (optional)..... ►

1,054.55

2) TOTALS This Period (last page this line number only)..... ►

3,970.11

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 3 OF 4

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

Grow Pac

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Col Robert / In the field Consulting

Nature of Debt (Purpose):

Voter Contact:  
Richard Hanne  
for Congress

Mailing Address

1520 Myron Street

City

State

Zip Code

Niskayuna

NY

12309

Outstanding Balance Beginning This Period

108366

Amount Incurred This Period

108366

Payment This Period

—

Outstanding Balance at Close of This Period

108366

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Col Robert / In the field Consulting

Nature of Debt (Purpose):

Voter Contact:  
Chris Gibson  
for Congress

Mailing Address

1520 Myron Street

City

State

Zip Code

Niskayuna

NY

12309

Outstanding Balance Beginning This Period

62725

Amount Incurred This Period

62725

Payment This Period

—

Outstanding Balance at Close of This Period

62725

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

171091

2) TOTALS This Period (last page this line number only)..... ►

3970.11

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

13031020069

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 4  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Gm Pac</b>		FEC IDENTIFICATION NUMBER <b>000490292</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	<b>12</b> / <b>06</b> / <b>2012</b>

Full Name (Last, First, Middle Initial) of Payee <b>Cole Robert / In The Field Consulting</b>		Date <b>11</b> / <b>06</b> / <b>2012</b>
Mailing Address <b>1501 East Avenue</b>		Amount <b>MEMO ITEM</b> <b>739.95</b>
City <b>Rochester</b>	State <b>NY</b>	Zip Code <b>14610</b>
Purpose of Expenditure <b>Voter Contact</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>25</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Maggie Brooks for Congress</b>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>739.95</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Post Election</b>

Full Name (Last, First, Middle Initial) of Payee <b>Cole Robert / In The Field Consulting</b>		Date <b>11</b> / <b>06</b> / <b>2012</b>
Mailing Address <b>P.O. Box 6806</b>		Amount <b>MEMO ITEM</b> <b>196.75</b>
City <b>Staten Island</b>	State <b>NY</b>	Zip Code <b>10306</b>
Purpose of Expenditure <b>Voter Contact</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>11</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Michael Grimm for Congress</b>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>196.75</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Post Election</b>

(a) SUBTOTAL of Itemized Independent Expenditures..... **-0-**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... **-0-**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

**12** / **06** / **2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 4  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Growthac</u>	FEC IDENTIFICATION NUMBER <u>000490292</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <u>12/06/2012</u>	

Full Name (Last, First, Middle Initial) of Payee <u>Cole, Robert / In The Field Consulting</u>		Date <u>11/06/2012</u>
Mailing Address <u>PO Box 6177</u>		Amount <u>Memo Item 117.85</u>
City <u>North Babylon</u>	State <u>NY</u>	Zip Code <u>11703</u>
Purpose of Expenditure <u>Voter Contact</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NY</u> District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Stephen Labate for Congress</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <u>117.85</u>		

Full Name (Last, First, Middle Initial) of Payee <u>Cole, Robert / In The Field Consulting</u>		Date <u>11/06/2012</u>
Mailing Address <u>P.O. Box 386</u>		Amount <u>Memo Item 540.20</u>
City <u>Clarence</u>	State <u>NY</u>	Zip Code <u>14031</u>
Purpose of Expenditure <u>Voter Contact</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>NY</u> District: <u>87th</u> Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Chris Collins for Congress</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Post-Election</u>
Calendar Year-To-Date Per Election for Office Sought <u>540.20</u>		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>-0-</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<u>-0-</u>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

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13031020071

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 9  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Growfac</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00490292</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <u>12</u> / <u>06</u> / <u>2012</u>	

Full Name (Last, First, Middle Initial) of Payee <u>Core, Robert / In The Field Consulting</u>		Date <u>11</u> / <u>06</u> / <u>2012</u>	
Mailing Address <u>100 South Clinton Street Ste. 1340</u>		Amount <u>Memo Item</u>	
City <u>Syracuse</u>	State <u>NY</u>	Zip Code <u>13261</u>	<u>284.85</u>
Purpose of Expenditure <u>Voter Contact</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NY</u> District: <u>24</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Ann Marie Buerkle</u>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>284.85</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Post election</u>	

Full Name (Last, First, Middle Initial) of Payee <u>Core, Robert / In The Field Consulting</u>		Date <u>11</u> / <u>06</u> / <u>2012</u>	
Mailing Address <u>89 W. Market Street</u>		Amount <u>Memo Item</u>	
City <u>Corning</u>	State <u>NY</u>	Zip Code <u>14830</u>	<u>379.60</u>
Purpose of Expenditure <u>Voter Contact</u>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NY</u> District: <u>24</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Tom Reed for Congress</u>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>379.60</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Post election</u>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>-0-</u>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<u>-0-</u>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature [Signature]

Date 12 / 06 / 2012

13031020072

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 4  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Grow Pac</b>	FEC IDENTIFICATION NUMBER <b>C 00490292</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <b>12/06/2012</b>	

Full Name (Last, First, Middle Initial) of Payee <b>Cole, Robert / In the Field Consulting</b>		Date <b>11/06/2012</b>
Mailing Address <b>P.O. Box 118</b>		Amount <b>MEMO ITEM</b>
City <b>Utica</b>	State <b>Ny</b>	Zip Code <b>13503</b>
Purpose of Expenditure <b>Voter Contact</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Richard Hanna for Congress</b>		State: <b>Ny</b> District: <b>34</b>
Calendar Year-To-Date Per Election for Office Sought <b>1083.66</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Post Office</b>

Full Name (Last, First, Middle Initial) of Payee <b>Cole Robert / In the Field Consulting</b>		Date <b>11/06/2012</b>
Mailing Address <b>513 Broadway</b>		Amount <b>MEMO ITEM</b>
City <b>Saratoga Springs</b>	State <b>Ny</b>	Zip Code <b>12866</b>
Purpose of Expenditure <b>Voter Contact</b>	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Chris Gibson for Congress</b>		State: <b>Ny</b> District: <b>34</b>
Calendar Year-To-Date Per Election for Office Sought <b>627.25</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Post Office</b>

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>-0-</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	<b>-0-</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **[Signature]** Date **12/06/2012**

13031020073

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>1/23/13</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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PREPARER

*1/24/13*  
DATE PREPARED

13031020074